	1	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEG	60	
☐ COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101-381		
☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92083-6695☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941		
SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649		
PEOPLE OF THE STATE OF CALIFORNIA VS	PLAINTIFF	
73		CRIMINAL CASE NUMBER
	DEFENDANT(S)	
DECLARATION RE: ORDER RELEASING PROBATION REPORT		
TO ATTORNEYS OF RECORD (PC 1203.05)		DA
The undersigned certifies that he/she is currently Attorney of Reco	rd for the above-	named defendant in a California criminal
was and in a to wit some #		
proceeding, to wit, case #		, pending in the following court.
The Clerk of the Superior Court is requested to release to me, or my	designee,	
	_	
copies of the reports of the Probation Officer in the above-entitled	case.	
Date:		
		Attorney